



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**January 25, 2023
10:00 AM – 12:30 PM**

Location via Zoom: <https://mendocinocounty.zoom.us/j/88252335173>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 882 5233 5173

Chairperson
Flinda Behringer

Vice Chair
Michelle Rich

Secretary
Jo Bradley

Treasurer
Richard Towle

BOS Supervisor
Mo Mulheren

<u>1ST DISTRICT:</u> DENISE GORNY LOIS LOCKART RICHARD TOWLE	<u>2ND DISTRICT:</u> MICHELLE RICH SERGIO FUENTES CAYO ALBA	<u>3RD DISTRICT:</u> JEFF SHIPP PERRI KALLER LAURA BETTS	<u>4TH DISTRICT:</u> VACANT VACANT VACANT	<u>5TH DISTRICT:</u> FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
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OUR MISSION: *To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Action.</i>	Board Action:
2. 2 minutes	Approval of Minutes from the November 16, 2022 and December 21, 2022 BHAB Regular Meetings: <i>Review and Possible Action.</i>	Board Action:
3. 10 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i>	Board Action:
4. 5 minutes	Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: <i>Discussion and Possible Action.</i>	Board Action:

<p>5. 10 minutes</p>	<p>Board & Committee Reports: Discussion and Possible Action. A. Chair – <i>Flinda Behringer</i> - 2023 Meeting Schedule - Representative to the CIT Taskforce - Representative to the RFP Stakeholder group - Annual report - Data notebook B. Vice Chair – <i>Michele Rich</i> C. Secretary – <i>Jo Bradley</i> D. Treasurer – <i>Richard Towle</i> E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i> - BOS Advocacy F. Appreciation Committee – <i>Member Fuentes & Martinez</i> G. Contracts Committee – <i>Member Fuentes and Chair Rich</i> H. Membership Committee – <i>Member Behringer, Bradley, Gorny, Chair Rich</i> - Renewals I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i> J. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i></p>	<p>Board Action:</p>
<p>6. 10 minutes</p>	<p>Mendocino County Report - Jenine Miller, BHRS Director A. Director Report Questions B. Psychiatric Health Facility Update C. Staffing Update D. National Opioid Leadership Network Update</p>	<p>Board Action:</p>
<p>7. 15 minutes</p>	<p>Anchor Health Management Report - Camille Schraeder, Anchor Health Management Inc. A. Services Update B. Staffing Update</p>	<p>Board Action:</p>
<p>8. 10 Minutes</p>	<p>Behavioral Health Advisory Board Outreach: Discussion and Possible Action A. Flow Charts Distribution Plan B. Public Service Announcement</p>	<p>Board Action:</p>
<p>9. 5 Minutes</p>	<p>BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications – Letter of support – Jenine Miller, BHRS Director <i>Discussion and Possible Action Regarding Behavioral Health and Recovery Services submitting a grant application to the California Department of Health Care Services for the Behavioral Health Continuum Infrastructure Program – Round 5 Crisis and Behavioral Health Continuum Program; Approve the attached draft letter of support regarding Mendocino County’s application; and authorize Chair to sign same.</i></p>	<p>Board Action:</p>
<p>10. 10 Minutes</p>	<p>Mental Health Services Act Quarterly Update – Karen Lovato, BHRS Senior Program Manager</p>	<p>Board Action:</p>
<p>11. 5 Minutes</p>	<p>Member Comments:</p>	<p>Board Action:</p>
<p>12. 2 minutes</p>	<p>Adjournment</p>	<p>Board Action:</p>

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

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BHAB CONTACT INFORMATION:

PHONE: (707) 472-2355 | FAX: (707) 472-2788

EMAIL THE BOARD: bhboard@mendocinocounty.org | WEBSITE: www.mendocinocounty.org/bhab



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING
MINUTES**

**November 16, 2022
10:00 AM – 12:30 PM**

Location (Hybrid meeting): **Conference Room 1, 1120 S. Dora St., Ukiah**; and via Zoom:

<https://mendocinocounty.zoom.us/j/98557737710>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 985 5773 7710

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Michelle Rich**

**Vice Chair
Flinda Behringer**

**Secretary
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OUR MISSION: *“To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.”*

	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Board Action.</i> <ul style="list-style-type: none"> ○ Chair Rich called the meeting to order at 10:09am. ○ Members present: Alba, Behringer, Bradley, Kaller, Lockart, Rich, and Shipp. ○ Not present Gorny, Betts, Towle, Fuentes, and Martinez ○ Quorum met. 	Board Action: None.
2. 2 minutes	Approval of Minutes from the October 26, 2022 BHAB Regular Meeting: <i>Review and Possible Board Action.</i> <ul style="list-style-type: none"> ○ Minutes approved as presented. 	Board Action: Motion made by Member Bradley seconded by Member Behringer to approve the 10/26/22 BHAB minutes as presented. Motion

		passes with approvals with Lois Lockart abstaining.
3. 10 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i> <ul style="list-style-type: none"> ○ Josephine noted and appreciated of in person meetings again and suggested a refrigerator magnet with the Crisis Line for families. 	Board Action: None.
4. 5 minutes	A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: Discussion and Possible Board Action. <ul style="list-style-type: none"> ○ The board approved a hybrid December BHAB meeting at the Behavioral Health Regional Training Center. 	Board Action: Motion made by Member Bradley seconded by Member Shipp to approve a hybrid meeting in December. All in favor, motion passes.
5. 15 minutes	Board & Committee Reports: Discussion and Possible Action. <p>A. Chair – Michelle Rich</p> <ul style="list-style-type: none"> ○ 2023 Office Nominations <ul style="list-style-type: none"> - The 2023 BHAB Officers were approved and will be as follows: Chair Flinda Behringer, Vice Chair Michele Rich, Secretary Jo Bradley and Treasurer Richard Towle. ○ Communication to families <ul style="list-style-type: none"> - Michele Rich mentioned about the public comment from a prior meeting and the need for increased communication to families. - Jo Bradley concurred more communication is needed to the families and mentioned to determine how to share where resources are available. - Flinda Behringer mentioned that NAMI provides resources. - It was mentioned to discuss with the crisis program at a future meeting about processes for 5150, aftercare support, and how to engage families. ○ It was mentioned to bring back for discussion with NAMI about what they do and what projects they can do. <p>B. Vice Chair – Flinda Behringer</p> <ul style="list-style-type: none"> ○ Nothing to report. <p>C. Secretary – Jo Bradley</p> <ul style="list-style-type: none"> ○ Nothing to report. <p>D. Treasurer – Richard Towle</p> <ul style="list-style-type: none"> ○ Nothing to report. <p>E. Advocacy & Legislation Committee – Member Bradley, Chair Rich</p> <ul style="list-style-type: none"> ○ BOS Advocacy tabled until next meeting. <p>F. Appreciation Committee – Member Fuentes & Martinez</p> <ul style="list-style-type: none"> ○ Nothing to report. <p>G. Contracts Committee – Member Fuentes and Chair Rich</p> <ul style="list-style-type: none"> ○ Nothing to report. 	Board Action: Motion made by Member Shipp seconded by Member Kaller to approve the 2023 Officers. All in favor, motion passes.

	<p>H. Membership Committee – <i>Member Behringer, Bradley, Gorny, Chair Rich</i></p> <ul style="list-style-type: none"> ○ Bradley stated all seats are filled except District #4 and that she is working on PSAs. <p>I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>J. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i></p> <ul style="list-style-type: none"> ○ Nothing to report. 	
<p>6. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRs Director</i></p> <p>A. Director Report Questions:</p> <ul style="list-style-type: none"> ○ Report included in agenda packet. <p>B. Psychiatric Health Facility Update:</p> <ul style="list-style-type: none"> ○ They are moving forward with the facility and moving all items out of the Whitmore facility. Items are being put to good use and some have gone to the jail and Live Oak. ○ They will be applying to a grant next month to help cover the costs of the facility. <p>C. Staffing Update:</p> <ul style="list-style-type: none"> ○ Mendocino County hiring has been slow due to economy, but they have continued to recruit and hire staff. 	Board Action: None.
<p>7. 15 minutes</p>	<p>Anchor Health Management Report: <i>Camille Schraeder, Anchor Health Management Inc.</i></p> <p>A. Services Update:</p> <ul style="list-style-type: none"> ○ They are prepping for the annual State EQRO review of County processes, functions, staffing levels, and compliance of mental health local laws. ○ They gave a shout out to the County for MHSA dollars to help pay student debts and has helped encourage them to join the mental health programs at the college. ○ They are working on a new site for Adult Services on the coast at 516 Cypress Street, Fort Bragg and plan to be moved in by November 29. The services provided will be medication support, adult output, hospitality, and outpatient services including four beds for crisis respite beds. ○ They also are moving forward with bringing back patients to in person again. <p>B. Staffing Update:</p> <ul style="list-style-type: none"> ○ They continue to recruit for providers, licensed staffing, interns, rehabilitation specialists and care managers. They have attended job fairs and visited the colleges. They have a few trainees in master’s program in various locations throughout the County. 	Board Action: None.
<p>8. 10 Minutes</p>	<p>Behavioral Health Advisory Board Media Outreach: <i>Discussion and Possible Action</i></p> <p>A. Flow Charts Distribution Plan:</p> <ul style="list-style-type: none"> ○ Michele Rich suggested posting the charts to the County website and social media pages. ○ Public Comment: Josephine suggested posting the flow charts in the libraries, laundry mats, high schools, and other places that aren’t frequented including grocery stores or places with bulletin boards. ○ Flinda Behringer suggested not posting in grocery stores or bulletin boards as they are not left posted for long periods. 	Board Action: None.

	<ul style="list-style-type: none"> ○ Dan Anderson to follow up about flow charts posted with the service providers. ○ Cayo Alba to share the charts with MCOE and to the school clinical psychologists and principals. Also, will connect with the medical networks. <p>B. Public Service Announcement:</p> <ul style="list-style-type: none"> ○ Jo Bradley is currently working on PSAs and with the radio stations. 	
9. 5 Minutes	<p>Tribal Advisory Committee: <i>Discussion and Possible Action Regarding Developing a Tribal Advisory Committee</i></p> <ul style="list-style-type: none"> ○ Tabled until the next meeting with Member Martin Martinez as he has information needed for further discussion. 	Board Action: None.
10. 25 Minutes	<p>Mendocino MHP State Audits Results Overview - Jenine Miller, BHRS Director</p> <ul style="list-style-type: none"> ○ PowerPoint presentation shared with members and guests. ○ Members expressed thanks for the thorough presentation provided and appreciation to Director Miller. ○ Dan Anderson expressed appreciation to the board and Director Miller. 	Board Action: None.
11. 5 Minutes	<p>Member Comments:</p> <ul style="list-style-type: none"> ○ None. 	Board Action: None.
12. 2 minutes	<p>Adjournment:</p>	Motion made by Member Alba seconded by Member Behringer to adjourn the meeting. All in favor.

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**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING
MINUTES**

**December 21, 2022
10:00 AM – 12:00 PM**

Location (Hybrid meeting): **Behavioral Health Regional Training Center, 8207 East Rd., Redwood Valley**; and via Zoom:
<https://mendocinocounty.zoom.us/j/98557737710>

Call in:
+1(669) 900-9128 or +1(346) 248-7799
Webinar ID: 985 5773 7710

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	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Board Action.</i> <ul style="list-style-type: none"> ○ Vice Chair Behringer called the meeting to order at 10:05 am. ○ Members present: Alba, Behringer, Bradley, Gorny, Martinez, Towle ○ Not present: Betts, Fuentes, Kaller, Lockart, Rich, Shipp ○ Quorum not met. 	Board Action: None.
2. 2 minutes	Approval of Minutes from the November 16, 2022 BHAB Regular Meeting: <i>Review and Possible Board Action.</i> <ul style="list-style-type: none"> ○ Item deferred until next meeting. 	Board Action: None.
3. 10 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i> <ul style="list-style-type: none"> ○ No comments. 	Board Action: None.

<p>4. 5 minutes</p>	<p>A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: <i>Discussion and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ Item deferred until next meeting. 	<p>Board Action: None.</p>
<p>5. 15 minutes</p>	<p>Board & Committee Reports: <i>Discussion and Possible Action.</i></p> <p>A. Chair – <i>Michelle Rich</i></p> <ul style="list-style-type: none"> ○ 2023 Meeting Schedule ○ Representative to the CIT Taskforce ○ Representative to the RFP Stakeholder group ○ Annual Report ○ Data notebook ○ All items deferred until next meeting. <p>B. Vice Chair – <i>Flinda Behringer</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>C. Secretary – <i>Jo Bradley</i></p> <ul style="list-style-type: none"> ○ PSA has been rewritten and in progress. <p>D. Treasurer – <i>Richard Towle</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i></p> <ul style="list-style-type: none"> ○ BOS Advocacy deferred until next meeting. <p>F. Appreciation Committee – <i>Member Fuentes & Martinez</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>G. Contracts Committee – <i>Member Fuentes and Chair Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>H. Membership Committee – <i>Member Behringer, Bradley, Gorny, Chair Rich</i></p> <ul style="list-style-type: none"> ○ Renewals item deferred until the next meeting. ○ It was suggested to have a police officer on the board. <p>I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>J. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i></p> <ul style="list-style-type: none"> ○ Nothing to report. 	<p>Board Action: None.</p>
<p>6. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions:</p> <ul style="list-style-type: none"> ○ Report included in agenda packet. <p>B. Psychiatric Health Facility Update:</p> <ul style="list-style-type: none"> ○ Continue to move forward and Whitmore space has been cleared. ○ BHRS will be applying for a grant through the State to help build the facilities. ○ Director Miller was selected in the National Opioid Leadership Network. ○ Will ask jail services to be provide an update on jail expansion. <p>C. Staffing Update:</p> <ul style="list-style-type: none"> ○ Continue to recruit and hire. 	<p>Board Action: None.</p>
<p>7. 15 minutes</p>	<p>Anchor Health Management Report: <i>Camille Schraeder, Anchor Health Management Inc.</i></p> <p>A. Services Update:</p> <ul style="list-style-type: none"> ○ It was mentioned that crisis services meets with the parents first and continues to support family. ○ The County primary population served is specialty Mental Health and has a contract with the State for the services. 	<p>Board Action: None.</p>

	<ul style="list-style-type: none"> ○ The first step for a child in crisis would be to call the 24-hour crisis services hotline which is for adults and children and the appropriate care and services will be provided. Also, the mobile crisis team provides services and there is the option to call 911 as the emergency personnel do have the crisis line information to get the person connected to crisis services too. ○ It was mentioned and recommended to have crisis line posted at various public locations and available to the public. <p>B. Staffing Update:</p> <ul style="list-style-type: none"> ○ Nothing to report. 	
8. 10 Minutes	<p>Behavioral Health Advisory Board Media Outreach: <i>Discussion and Possible Action</i></p> <p>A. Flow Charts Distribution Plan:</p> <ul style="list-style-type: none"> ○ Member Alba suggested to have an organizational chart included with the steps on how to access services. <p>B. Public Service Announcement:</p> <ul style="list-style-type: none"> ○ Nothing to report. 	Board Action: None.
9. 5 Minutes	<p>Tribal Advisory Committee: <i>Discussion and Possible Action Regarding Developing a Tribal Advisory Committee</i></p> <ul style="list-style-type: none"> ○ Member Martinez – mentioned about communication is needed with the tribes to learn about the services provided and recommended the creation of a tribal advisory committee for feedback from the tribes. ○ Member Bradley – mentioned to set up meeting with each of the representatives from tribal nations to discuss of what is needed from Mental Health and information needed from them for the opportunity to move forward. ○ Member Bradly and Member Martinez to discuss about the District 4 representative for a possible tribal representative. ○ Martinez mentioned the committee would be appointed by the tribe to speak and advise the board quarterly of theirs needs for on their land and input of their needs for services. ○ Dr. Miller – to confirm details with County Counsel about the creation of a tribal advisory committee. 	Board Action: None.
10. 5 Minutes	<p>Member Comments:</p> <ul style="list-style-type: none"> ○ None. 	Board Action: None.
11. 2 minutes	Adjournment: 11:52am	

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MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

2023 Meeting Schedule

DATE	LOCATION
January 25 10:00 AM - 12:30 PM	Zoom Webinar:
February 22 10:00 AM - 12:00 PM	Zoom Webinar:
March 22 10:00 AM - 12:30 PM	Zoom Webinar:
April 26 10:00 AM - 12:00 PM	Zoom Webinar:
May 24 10:00 AM - 12:30 PM	Behavioral Health Regional Training Center 8207 East Road, Redwood Valley
June 28 10:00 AM - 12:00 PM	Zoom Webinar:
July 26 10:00 AM - 12:30 PM	Yuki Trails Conference Room 23000 Henderson Rd., Covelo
August 23 10:00 AM - 12:00 PM	Preston Hall 44867 Main St., Mendocino
September 27 10:00 AM - 12:00 PM	Zoom Webinar:
October 25 10:00 AM - 12:00 PM	Atlantic Conference Room 472 E. Valley Street, Willits
November 15 10:00 AM - 12:30 PM	Hybrid Meeting: Behavioral Health & Recovery Services, Conference Room 1 1120 South Dora St., Ukiah & via Zoom:
December 13 10:00 AM - 12:30 PM	Hybrid Meeting: Behavioral Health Regional Training Center - 8207 East Road, Redwood Valley & via Zoom:



Behavioral Health Advisory Board

BHRS Director's Report

January 2023



1. Board of Supervisors:

- **Recently passed items or presentations:**

- a. Mental Health:

- Approval of Amendment to Agreement No. BOS-22-129 with NetSmart Technologies, LLC. in the Amount of \$12,868 for a New Total of \$315,194, to Add the CareConnect Health Information Exchange Functionality to the Existing MyAvatar Electronic Health Record System in Fiscal Years 2022-23 and 2023-24, and to Continue the Annual Licensure, Maintenance, and Support for the System, Effective July 1, 2022, Through June 30, 2024
- Ratification of Submission of Grant Application to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Additional Mental Health Student Services Act (MHSSA) Funds Under State Revenue Agreement No. 19MHSOAC047; Approval of Agreement (Second Amendment to State Revenue Agreement No. 19MHSOAC047) with MHSOAC in the Amount of \$674,751 for a New Total of \$3,174,751, for Services Under the MHSSA Grant, Effective September 1, 2020 Through a New End Date of December 31, 2026 (Original End Date: August 31, 2025)

- b. Substance Use Disorder Treatment: none

- c. Measure B: none

- **Future BOS items or presentations:**

- a. None

2. Staffing Updates:

- a. New Hires:

- Mental Health: 1
- Substance Use Disorders Treatment: 0

- b. Promotions:

- Mental Health: 1
- Substance Use Disorders Treatment: 0

- c. Transfers

- Behavioral Health: 0

- d. Departures:

- Mental Health: 0
- Substance Use Disorders Treatment: 0

3. Audits/Site Reviews:

- a. Completed/Report of Findings:

- FY 2022/23 Annual County Monitoring Activities (ACMA) for MHP and DMC-ODS: Completed, results pending.
- EQRO Review: Completed, results pending.
- b. Upcoming/Scheduled: To be determined.
- c. Completed/Upcoming Site Reviews:
 - Madrone House – Due 2/8/2023
 - Tapestry Family Services (Ukiah) – Due 2/19/2023

4. Grievances/Appeals:

November 2022:

- a. MHP Grievances: 1 (Resolved)
- b. SUDT Grievances: 0
- c. MHSA Issue Resolutions: 0
- d. Second Opinions: 0
- e. Change of Provider Requests: 1 (Resolved)
- f. Provider Appeals: 0
- g. Consumer Appeals: 0

5. Meetings of Interest:

- a. **Safe Rx Mendocino Opioid Safety Coalition** meets monthly! 2023 schedule to be determined.
- b. **MHSA Forum/ QIC Joint Meeting:** Mental Health Services Act and Quality Improvement Committee Tuesday February 1, 2023, 3:00 pm -5:00 pm at 1120 S. Dora Street 95482 <https://mendocinocounty.zoom.us/j/85849111541>

6. Grant Opportunities:

- a. N/A

7. Significant Projects/Brief Status:

- a. **Assisted Outpatient Treatment (AOT): AB 1421/Laura’s Law November 2022**
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - Referrals to Date: 134 (duplicated)
 - Total that did not meet AOT criteria: 111
 - Total Referrals FY 22/23: 7
 - Client Connected with Provider/Services: 0
 - Unable to locate/connect with client: 2
 - Currently in Investigation/Screening/Referral: 0
 - Settlement Agreement/Full AOT FY 22/23: 2 ***2 continued from FY 21/22*
 - Other (Pending Assessments to file Petition): 4
- b. **Assisted Outpatient Treatment (AOT): AB 1421/Laura’s Law December 2022**

- Referrals to Date: 135 (duplicated)
- Total that did not meet AOT criteria: 112
 - Total Referrals FY 22/23: 8
 - Client Connected with Provider/Services: 0
 - Unable to locate/connect with client: 3
- Currently in Investigation/Screening/Referral: 1
- Settlement Agreement/Full AOT FY 22/23: 2 ***2 continued from FY 21/22*

Other (Pending Assessments to file Petition):0

Notes: There is going to be discrepancies with number of clients referred and clients that did not meet criteria. Just because someone was not ordered into AOT does not mean they did not meet criteria. There are times when the County files a petition and the client did not show up to court, a higher level of care was needed, client chose to participate in BHC instead, they were incarcerated, client left the area, etc.

Most of the referrals AOT receives are from service providers which means the client is already connected to services. When the county AOT Coordinator is able to contact a client, she assists in connecting them with services they are interested in.

Unable to locate/connect with client: - even if unable to contact the client the AOT Coordinator does a record review and notifies mobile crisis, mobile outreach, crisis, and the jail discharge planner letting them know we have a referral and need to touch-base with client. If it looks like the client likely meets criteria, the AOT Coordinator will put together an investigation report and send it for an assessment just in case they do have contact with the client.

8. Educational Opportunities:

None currently scheduled

9. Mental Health Services Act (MHSA):

a. MHSA Forum/ QIC Joint Meeting:

December 8, 2022 - Redwood Valley Training Center, 8207 East Road 95470

Via Zoom: <https://mendocinocounty.zoom.us/j/85849111541>

10. Lanterman Petris Short Conservatorships (LPS):

Number of individuals on LPS Conservatorships: **59**

11. Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in **November 2022:**

- Total number of clients served: 82
- Total number of services provided: 353
- Fort Bragg: 19 clients served for a total of 44 services provided
- Ukiah: 46 clients served for a total of 218 services provided
- Willits: 17 clients served for a total of 35 services provided

Number of Substance Use Disorder Clients Completion Status

- Completed Treatment/Recovery: 3

- Left Before Completion: 5
- Referred: 2
- Total: 8
- Average Length of Service: 148.38 hours

12. **New Contracts:**

- None.

13. **Capital Facilities Projects:**

- a. **Crisis Residential Treatment (CRT) Facility “Orchard Project”:**
 - Currently full with 8 residents, Program to Date: 41 clients, 2319 bed days.
- b. **Willow Terrace Project:**
 - Vacancies filled through Coordinated Entry process as they come available.
- c. **Orr Creek Commons Phase 2:**
 - Vacancies filled through the Coordinated Entry and Providers screening applications.

QI Work Plan - 8.1

Report - Appeals, Grievances, Change of Provider - November 2022

Client/Provider Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client/Provider
Total	0				

MHSA Issue Resolutions (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

State Fair Hearing (3 Business Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

Client Request for a Second Opinion (10 Business Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

SUDT Grievance (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

MHP Grievance (90 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
11/16/2022	Manzanita	Beneficiary complaint of assault from a staff member.	Incident investigated and appropriate action taken.	11/21/2022	11/21/2022
Total	1				

Client Request for Change of Provider (10 Business Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
11/16/2022	Tapestry	Beneficiary request to change provider to RCS as it is much closer to his place of residence.	Request closed at beneficiary's request; beneficiary no longer interested in changing provider and would like to remain with Tapestry.	11/29/2022	11/29/2022
Total	1				

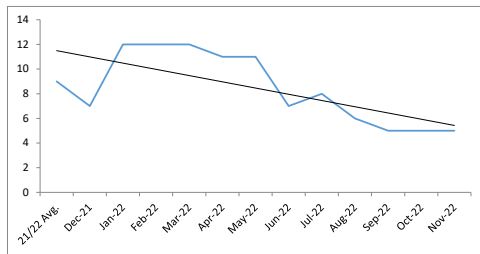
0 Client/Provider Appeals
0 MHSA Issue Resolutions
0 State Fair Hearings
0 Requests for a Second Opinion
0 SUDT Grievances
1 MHP Grievance (Completed)
1 Request for Change of Provider (Completed)

Timeliness Charts and Graphs

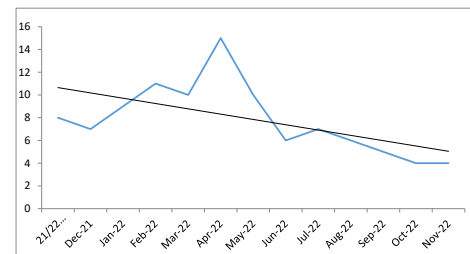
1.

QI Work Plan 2.1

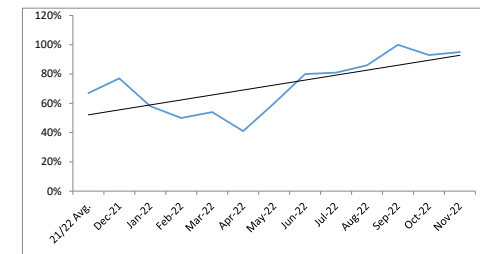
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	9	9	10	6
Dec-21	7	7	7	11
Jan-22	12	15	9	10
Feb-22	12	13	12	n/a
Mar-22	12	11	12	3
Apr-22	11	17	17	n/a
May-22	11	9	13	2
Jun-22	7	7	7	6
Jul-22	8	8	8	10
Aug-22	6	7	6	7
Sep-22	5	4	5	1
Oct-22	5	5	5	4
Nov-22	5	5	5	7
12 Mo. Avg.	9	9	9	6



Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	8	8	9	6
Dec-21	7	7	7	14
Jan-22	9	14	8	8
Feb-22	11	12	10	n/a
Mar-22	10	10	10	3
Apr-22	15	10	16	n/a
May-22	10	7	13	2
Jun-22	6	8	6	5
Jul-22	7	4	8	10
Aug-22	6	7	6	6
Sep-22	5	4	6	1
Oct-22	4	5	3	3
Nov-22	4	4	4	7
12 Mo. Avg.	8	8	8	6



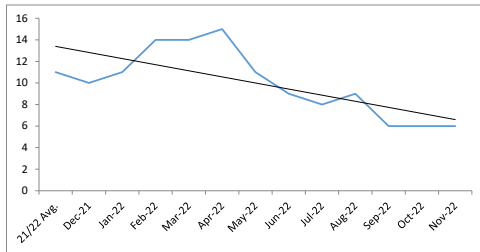
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	67%	70%	64%	85%
Dec-21	77%	77%	76%	33%
Jan-22	58%	41%	71%	50%
Feb-22	50%	47%	52%	n/a
Mar-22	54%	55%	54%	100%
Apr-22	41%	53%	32%	n/a
May-22	60%	78%	47%	100%
Jun-22	80%	85%	79%	100%
Jul-22	81%	76%	83%	100%
Aug-22	86%	84%	89%	100%
Sep-22	100%	100%	90%	100%
Oct-22	93%	97%	90%	100%
Nov-22	95%	96%	95%	100%
12 Mo. Avg.	71%	72%	70%	87%



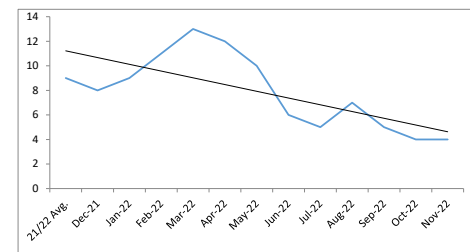
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QI Work Plan 2.2

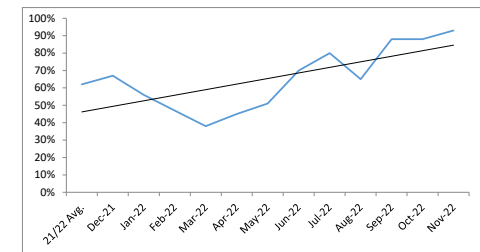
Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	11	10	11	8
Dec-21	10	10	10	14
Jan-22	11	14	9	9
Feb-22	14	13	14	n/a
Mar-22	14	13	15	3
Apr-22	15	13	16	n/a
May-22	11	10	12	2
Jun-22	9	8	9	6
Jul-22	8	6	8	10
Aug-22	9	8	10	8
Sep-22	6	5	7	1
Oct-22	6	6	6	4
Nov-22	6	5	6	8
12 Mo. Avg.	10	10	11	6



Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	9	9	10	8
Dec-21	8	8	8	14
Jan-22	9	14	8	8
Feb-22	11	12	11	n/a
Mar-22	13	13	14	3
Apr-22	12	9	15	n/a
May-22	10	7	13	2
Jun-22	6	10	6	5
Jul-22	5	3	7	10
Aug-22	7	7	7	7
Sep-22	5	4	7	1
Oct-22	4	4	4	3
Nov-22	4	5	4	8
12 Mo. Avg.	8	8	9	6



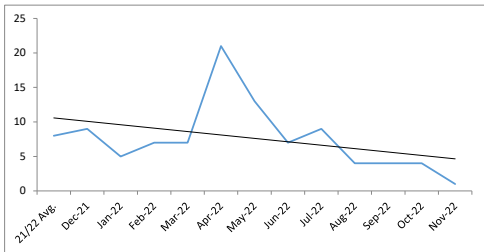
Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	62%	68%	57%	69%
Dec-21	67%	71%	62%	0%
Jan-22	56%	44%	64%	56%
Feb-22	47%	50%	45%	n/a
Mar-22	38%	42%	36%	100%
Apr-22	45%	64%	33%	n/a
May-22	51%	71%	38%	100%
Jun-22	70%	82%	67%	100%
Jul-22	80%	75%	82%	100%
Aug-22	65%	70%	59%	75%
Sep-22	88%	91%	85%	100%
Oct-22	88%	93%	85%	100%
Nov-22	93%	97%	88%	100%
12 Mo. Avg.	63%	68%	60%	81%



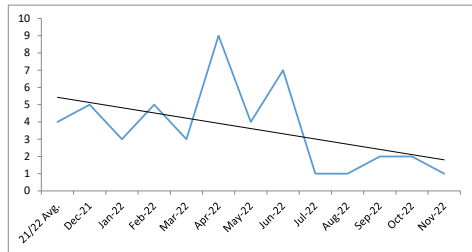
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QI Work Plan 2.3

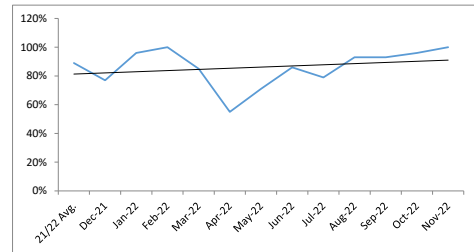
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	8	6	10	12
Dec-21	9	8	9	n/a
Jan-22	5	4	7	n/a
Feb-22	7	5	11	14
Mar-22	7	4	9	21
Apr-22	21	13	30	n/a
May-22	13	12	15	n/a
Jun-22	7	6	10	n/a
Jul-22	9	4	22	0
Aug-22	4	4	6	0
Sep-22	4	2	10	0
Oct-22	4	4	6	0
Nov-22	1	2	1	0
12 Mo. Avg.	8	6	12	6



Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	4	3	10	11
Dec-21	5	5	6	n/a
Jan-22	3	2	8	n/a
Feb-22	5	2	12	14
Mar-22	3	1	9	21
Apr-22	9	8	36	n/a
May-22	4	4	15	n/a
Jun-22	7	5	10	n/a
Jul-22	1	1	26	0
Aug-22	1	1	5	0
Sep-22	2	2	6	0
Oct-22	2	2	2	0
Nov-22	1	1	1	0
12 Mo. Avg.	4	3	12	6



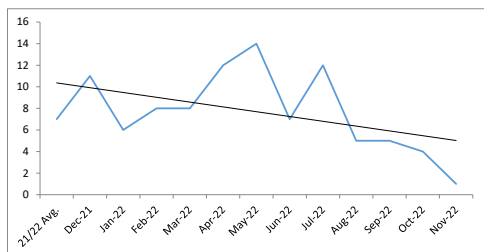
Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	89%	90%	89%	67%
Dec-21	77%	73%	82%	n/a
Jan-22	96%	94%	100%	n/a
Feb-22	100%	100%	100%	100%
Mar-22	85%	92%	80%	0%
Apr-22	55%	70%	40%	n/a
May-22	71%	67%	100%	n/a
Jun-22	86%	87%	80%	n/a
Jul-22	79%	93%	40%	n/a
Aug-22	93%	90%	100%	n/a
Sep-22	93%	100%	67%	n/a
Oct-22	96%	100%	83%	n/a
Nov-22	100%	100%	100%	n/a
12 Mo. Avg.	85%	88%	79%	50%



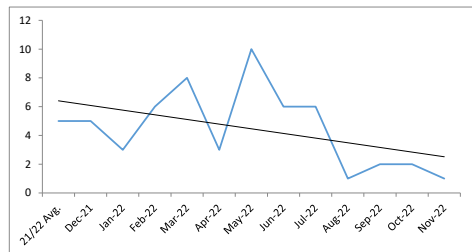
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QI Work Plan 2.4

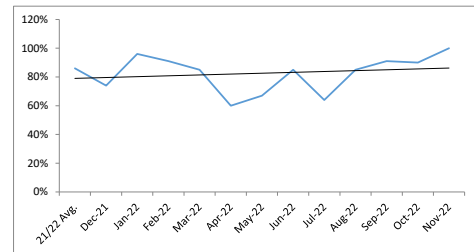
Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	7	7	9	13
Dec-21	11	10	11	N/A
Jan-22	6	5	7	N/A
Feb-22	8	6	13	14
Mar-22	8	6	9	23
Apr-22	12	17	5	N/A
May-22	14	14	15	N/A
Jun-22	7	6	10	N/A
Jul-22	12	5	25	N/A
Aug-22	5	4	7	N/A
Sep-22	5	3	10	N/A
Oct-22	4	4	5	N/A
Nov-22	1	2	1	N/A
12 Mo. Avg.	8	7	11	19



Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	5	3	7	13
Dec-21	5	5	6	N/A
Jan-22	3	2	8	N/A
Feb-22	6	4	15	14
Mar-22	8	1	9	23
Apr-22	3	7	1	N/A
May-22	10	4	15	N/A
Jun-22	6	4	11	N/A
Jul-22	6	1	26	N/A
Aug-22	1	1	5	N/A
Sep-22	2	2	6	N/A
Oct-22	2	2	2	N/A
Nov-22	1	1	1	N/A
12 Mo. Avg.	5	3	9	19



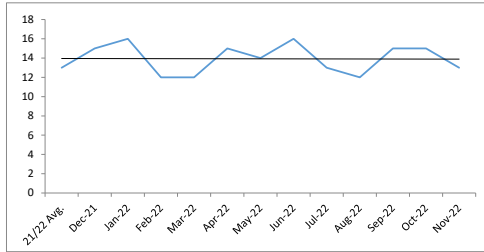
Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	86%	86%	85%	63%
Dec-21	74%	78%	70%	N/A
Jan-22	96%	94%	100%	N/A
Feb-22	91%	100%	67%	100%
Mar-22	85%	83%	86%	N/A
Apr-22	60%	40%	80%	N/A
May-22	67%	60%	100%	N/A
Jun-22	85%	87%	75%	N/A
Jul-22	64%	89%	20%	N/A
Aug-22	85%	89%	75%	N/A
Sep-22	91%	100%	67%	N/A
Oct-22	90%	94%	75%	N/A
Nov-22	100%	100%	100%	N/A
12 Mo. Avg.	81%	83%	74%	100%



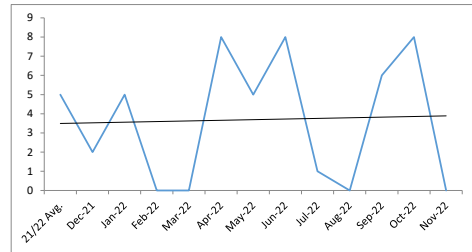
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Q1 Work Plan 2.5

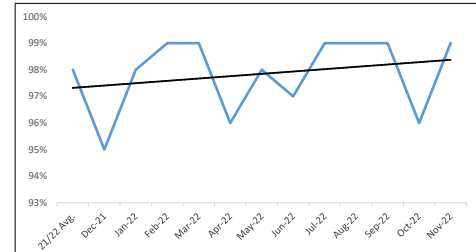
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	13	13	14	14
Dec-21	15	13	23	13
Jan-22	16	17	13	n/a
Feb-22	12	13	8	9
Mar-22	12	12	12	15
Apr-22	15	14	22	22
May-22	14	15	13	16
Jun-22	16	16	18	20
Jul-22	13	13	15	19
Aug-22	12	13	10	0
Sep-22	15	15	12	11
Oct-22	15	16	10	22
Nov-22	13	12	18	13
12 Mo. Avg.	14	14	14	15



Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	5	4	4	8
Dec-21	2	2	8	7
Jan-22	5	7	0	0
Feb-22	0	0	0	9
Mar-22	0	0	0	15
Apr-22	8	2	10	10
May-22	5	5	7	16
Jun-22	8	5	15	15
Jul-22	1	0	12	19
Aug-22	0	0	0	19
Sep-22	6	8	0	11
Oct-22	8	8	0	22
Nov-22	0	0	13	13
12 Mo. Avg.	4	3	5	13



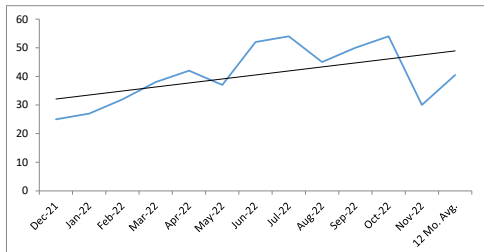
Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	98%	98%	97%	98%
Dec-21	95%	96%	90%	100%
Jan-22	98%	99%	97%	100%
Feb-22	99%	99%	100%	100%
Mar-22	99%	98%	100%	100%
Apr-22	96%	98%	86%	100%
May-22	98%	98%	98%	100%
Jun-22	97%	96%	100%	100%
Jul-22	99%	99%	100%	100%
Aug-22	99%	99%	100%	100%
Sep-22	99%	99%	100%	100%
Oct-22	96%	95%	100%	100%
Nov-22	99%	99%	100%	100%
12 Mo. Avg.	98%	98%	97%	100%



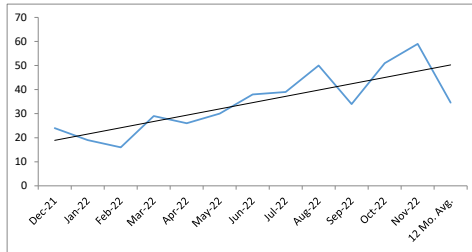
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Q1 Work Plan 2.F

Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
Dec-21	25	23	2	0
Jan-22	27	20	7	0
Feb-22	32	27	5	1
Mar-22	38	33	5	0
Apr-22	42	32	10	2
May-22	37	30	7	0
Jun-22	52	40	12	0
Jul-22	54	46	8	0
Aug-22	45	32	13	0
Sep-22	50	44	6	0
Oct-22	54	47	7	0
Nov-22	30	24	6	0
12 Mo. Avg.	41	33	7	0
Total	486	398	88	3

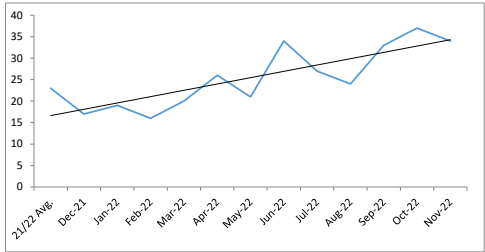


Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
Dec-21	24	22	2	0
Jan-22	19	17	2	0
Feb-22	16	11	5	0
Mar-22	29	25	4	0
Apr-22	26	21	5	1
May-22	30	24	6	1
Jun-22	38	29	9	0
Jul-22	39	31	8	0
Aug-22	50	42	8	0
Sep-22	34	27	7	0
Oct-22	51	44	7	0
Nov-22	59	50	9	0
12 Mo. Avg.	35	29	6	0
Total	415	343	72	2



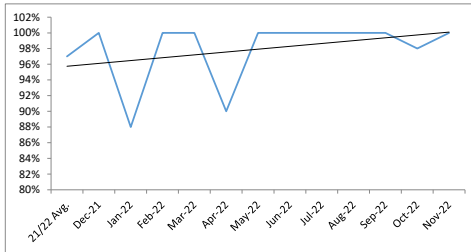
Timeliness of follow-up encounters post psychiatric inpatient discharge
Number of follow-up appts within 7 days

	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	23	19	4	0
Dec-21	17	17	0	0
Jan-22	19	15	4	0
Feb-22	16	14	2	0
Mar-22	20	16	4	0
Apr-22	26	21	5	0
May-22	21	16	5	1
Jun-22	34	26	8	0
Jul-22	27	26	1	0
Aug-22	24	19	5	0
Sep-22	33	29	4	0
Oct-22	37	34	3	0
Nov-22	34	32	2	0
12 Mo. Avg.	25	21	4	0
Total	274	233	41	1



Timeliness of follow-up encounters post psychiatric inpatient discharge
Percent of appointments that met this standard within 7 days - Goal is 95%

	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	97%	99%	93%	100%
Dec-21	100%	100%	n/a	N/A
Jan-22	88%	95%	50%	N/A
Feb-22	100%	100%	100%	N/A
Mar-22	100%	100%	100%	N/A
Apr-22	90%	95%	100%	N/A
May-22	100%	100%	100%	100%
Jun-22	100%	100%	100%	N/A
Jul-22	100%	100%	100%	N/A
Aug-22	100%	100%	100%	N/A
Sep-22	100%	100%	100%	N/A
Oct-22	98%	100%	67%	N/A
Nov-22	100%	100%	100%	N/A
12 Mo. Avg.	98%	99%	92%	100%

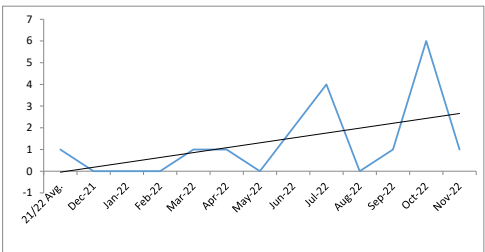


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Q1 Work Plan 2.7

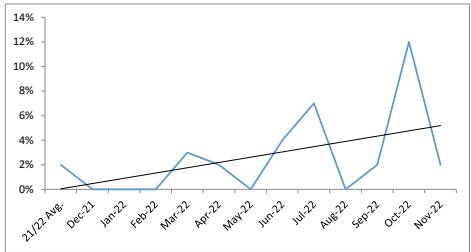
Psychiatric Inpatient Readmission rates within 7 days
Total number with readmission within 7 days

	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	1	1	0	0
Dec-21	0	0	0	n/a
Jan-22	0	0	0	n/a
Feb-22	0	0	0	0
Mar-22	1	1	0	0
Apr-22	1	1	0	0
May-22	0	0	0	0
Jun-22	2	2	0	0
Jul-22	4	3	1	0
Aug-22	0	0	0	0
Sep-22	1	1	0	0
Oct-22	6	6	0	0
Nov-22	1	1	0	0
12 Mo. Avg.	1	1	0	0
Total	15	14	1	0

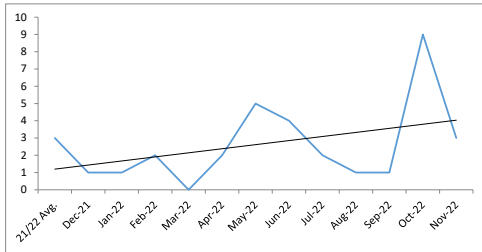


Psychiatric Inpatient Readmission rates within 7 days
Readmission Rate - Goal is 10% within 7 days

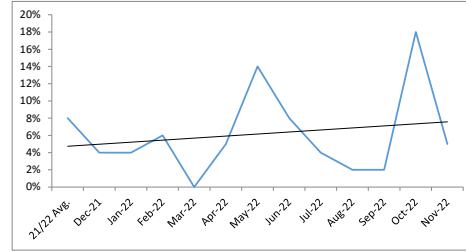
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	2%	3%	0%	0%
Dec-21	0%	0%	0%	n/a
Jan-22	0%	0%	0%	n/a
Feb-22	0%	0%	0%	0%
Mar-22	3%	3%	0%	n/a
Apr-22	2%	3%	0%	0%
May-22	0%	0%	0%	0%
Jun-22	4%	5%	0%	0%
Jul-22	7%	7%	13%	0%
Aug-22	0%	0%	0%	0%
Sep-22	2%	2%	0%	0%
Oct-22	12%	14%	0%	0%
Nov-22	2%	2%	0%	0%
12 Mo. Avg.	3%	3%	1%	0%



Psychiatric Inpatient Readmission rates within 30 days				
Total number with readmission within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	3	2	1	0
Dec-21	1	1	0	n/a
Jan-22	1	1	0	n/a
Feb-22	2	2	0	0
Mar-22	0	0	0	0
Apr-22	2	2	0	0
May-22	5	4	1	0
Jun-22	4	2	2	0
Jul-22	2	1	1	0
Aug-22	1	0	1	0
Sep-22	1	0	1	0
Oct-22	9	8	1	0
Nov-22	3	3	0	0
12 Mo. Avg.	3	2	1	0
Total	28	21	7	0



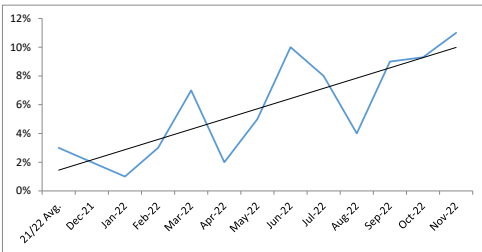
Psychiatric Inpatient Readmission rates within 30 days				
Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	8%	8%	11%	25%
Dec-21	4%	4%	N/A	N/A
Jan-22	4%	5%	N/A	N/A
Feb-22	6%	7%	N/A	N/A
Mar-22	0%	0%	N/A	N/A
Apr-22	5%	6%	N/A	N/A
May-22	14%	13%	14%	N/A
Jun-22	8%	5%	17%	N/A
Jul-22	4%	2%	2%	N/A
Aug-22	2%	0%	8%	N/A
Sep-22	2%	0%	17%	N/A
Oct-22	18%	18%	14%	N/A
Nov-22	5%	6%	N/A	N/A
12 Mo. Avg.	6%	5%	12%	#DIV/0!



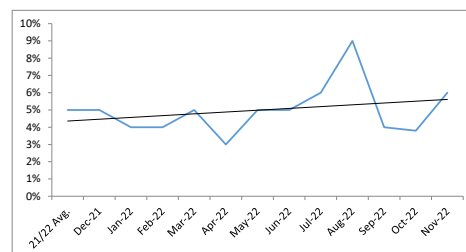
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QI Work Plan 3.1

Average Psychiatric Patient No-Show Rates				
MHP Standard for Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	3%	4%	2%	3%
Dec-21	2%	3%	1%	0%
Jan-22	1%	2%	0%	0%
Feb-22	3%	3%	2%	0%
Mar-22	7%	7%	6%	15%
Apr-22	2%	3%	2%	0%
May-22	5%	5%	3%	6%
Jun-22	10%	11%	5%	0%
Jul-22	8%	9%	7%	25%
Aug-22	4%	5%	4%	0%
Sep-22	9%	10%	4%	17%
Oct-22	9%	10%	7%	0%
Nov-22	11%	11%	11%	0%
12 Mo. Avg.	5%	6%	4%	6%



Average Clinicians other than Psychiatrists Patient No-Show Rates				
MHP Standard for Clinicians other than Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	5%	5%	5%	1%
Dec-21	5%	5%	5%	1%
Jan-22	4%	4%	4%	1%
Feb-22	4%	3%	5%	1%
Mar-22	5%	5%	4%	2%
Apr-22	3%	5%	5%	2%
May-22	5%	4%	5%	3%
Jun-22	5%	4%	5%	1%
Jul-22	6%	5%	8%	2%
Aug-22	9%	10%	4%	1%
Sep-22	4%	3%	4%	1%
Oct-22	4%	3%	4%	1%
Nov-22	6%	5%	7%	2%
12 Mo. Avg.	5%	5%	5%	1%



Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **January 17, 2023**

		EXPENDITURES						REVENUE						
	Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	(4,024,268)	84,193	99,414	5,923,133	80,498	(65,666)	6,121,571	(668,481)	(991,794)	(1,952,070)	(743,069)	(4,355,414)	10,476,985
2	Administration - MHAD75	737,846	651,462	313,186			(77,192)	887,456				(127,594)	(127,594)	1,015,050
3	Mental Health Block Grant ARPA	0						0				(45,367)	(45,367)	45,367
4	CalWorks - MHAS32	38,371	17,332	5,203				22,534				(5,110)	(5,110)	27,645
5	Mobile Outreach Program - MHAS33	(41,083)	219,889	4,691			(101,413)	123,167				(8,557)	(8,557)	131,724
6	Adult Services - MHAS75	240,338		11,061				11,061					0	11,061
7	Path Grant - MHAS91	0		5,422				5,422	(3,823)				(3,823)	9,245
8	SAMHSA Grant - MHAS92	0		46,329				46,329					0	46,329
9	Mental Health Board - MHB	7,130		119				119					0	119
10	CCMU -BCHIP	0		15,342				15,342				(532,485)	(532,485)	547,827
11	Business Services - MHBS75	805,465	433,789	29,475			(20,767)	442,497				(20,731)	(20,731)	463,228
12	CCMU-CRRSAA Grant - MHCCMU	0		124,174				124,174				(290,762)	(290,762)	414,936
13	Mental Health Block Grant CRRSAA	0		15,323				15,323				(282)	(282)	15,605
14	MH Grant (Other)	0		26,199				26,199				(118,489)	(118,489)	144,688
15	MAT Grant - MHMAT	0		50,963				50,963					0	50,963
16	AB109 - MHMS70	1,027	64,179	5,553				69,732	(31,780)				(31,780)	101,512
17	Conservatorship - MHMS75	1,896,328	183,311	113,197	1,210,093		(15,260)	1,491,341				(56,704)	(56,704)	1,548,045
18	MH CAL-AIM - MHCALA			15,920				15,920					0	15,920
19	QA/QI - MHQA99	506,229	168,731	39,569			(5,579)	202,721				(24,543)	(24,543)	227,264
a	Total YTD Expenditures & Revenue		1,822,884	921,140	7,133,225	80,498	(285,878)	9,671,870	(704,084)	(991,794)	(1,952,070)	(1,973,694)	(5,621,642)	15,293,511

Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **January 17, 2023**

b	FY 2022-2023 Adjusted Budget	167,383	3,771,297	1,667,615	18,769,395	0	(158,340)	24,049,967	6,525,253	3,579,855	10,604,948	3,172,528	23,882,584	167,383
c	Variance		1,948,413	746,475	11,636,170	(80,498)	127,538	14,378,097	7,229,337	4,571,649	12,557,018	5,146,222	29,504,226	(15,126,128)

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2022-2023 Budget Summary
Year to Date as of **January 17, 2023**

Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	17,946	233,798	231,006	167,510		(17,207)	615,107		(1,494,878)	2,109,985
Prevention & Early Intervention	(52,755)	75,257	181,466				256,724		(362,019)	618,743
Innovation - MAINN	567,704		1,181				1,181		(94,870)	96,052
Workforce Education & Training	-						-			-
Capital Facilities & Tech Needs							-			-
Total YTD Expenditures & Revenue		309,055	413,654	167,510	-	(17,207)	873,012	-	(1,951,767)	2,824,780
FY 2022-2023 Approved Budget	532,895	689,526	4,415,118	1,532,776	0	(4,131)	6,633,289	(6,100,395)	-	532,894
Variance		380,471	4,001,464	1,365,266	-	13,076	5,760,277	(6,100,395)	1,951,767	(2,291,886)

Prudent Reserve Balance **1,894,618**

WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services
SUDT FY 2022-2023 Budget Summary
Year to Date as of **January 17, 2023**

	Program	FY 22-23 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers		SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other		
1	SUDT Overhead	(2,297,294)	21,301	(37,838)			(17,206)	(33,743)	(457,101)		(51,093)	109,695	(398,500)	364,757
2	County Wide Services - DD0035	1,415,273		115,810				115,810					0	115,810
3	Elevate Youth - DD00EY	-		18,181				18,181				8,498	8,498	9,683
4	Drug Court Services - DD0105	-	61,057	26,277			(10,812)	76,522		(12,655)		(11,811)	(24,466)	100,987
5	Ukiah Adult Treatment Services - DD0100	8,445	165,732	43,805			(78,038)	131,499		(2,164)		(22,498)	(24,662)	156,161
6	Women In Need of Drug Free Opportunties - DD0125	(1)	36,524	35,231			(13,292)	58,463					0	58,463
7	Family Drug Court - DD0127	-	58,238	5,859				64,097					0	64,097
8	Friday Night Live - DD0158	-		(2,636)				(2,636)					0	(2,636)
9	Willits Adult Services - DD0200	-	47,104	7,052			(1,856)	52,300					0	52,300
10	Fort Bragg Adult Services - DD0300	206,022	54,466	13,270			(1,798)	65,938				(97)	(97)	66,035
11	DDMIP	-		6,298				6,298				(107,219)	(107,219)	113,517
11	Administration	824,861	261,358	281,486			(50,149)	492,696				(36,811)	(36,811)	529,507
12	Adolescent Services	(68,937)	53,343	613			(12,602)	41,354	2,702			(8,656)	(5,954)	47,308
13	SABG ARPA	-						0				20,403	20,403	(20,403)
14	COSSAAP	-		44,861				44,861				32,194	32,194	12,667
15	SABG CRRSAA	-		195,854				195,854				32,193	32,193	163,661
16	DDMATX	-		46,527				46,527				(8,000)	(8,000)	54,527
17	DDGRNT	-		17,082				17,082					0	0
18	Prevention Services	0	82,698	10,600			(49,145)	44,153					0	44,153
a	Total YTD Expenditures & Revenue	88,370	841,821	828,334	0	0	(234,899)	1,435,256	(454,399)	(14,819)	0	7,892	(512,419)	1,930,593
b	FY 2022-2023 Budget	88,370	2,284,613	2,409,905	0	0	(1,037,852)	3,656,666	1,675,741	736,860	440,130	715,565	3,568,296	88,370
c	Variance	0	1,442,793	1,581,571	0	0	(802,954)	2,221,410	2,130,140	751,679	440,130	707,673	4,080,715	(1,842,223)



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 22/23
 1/17/2023

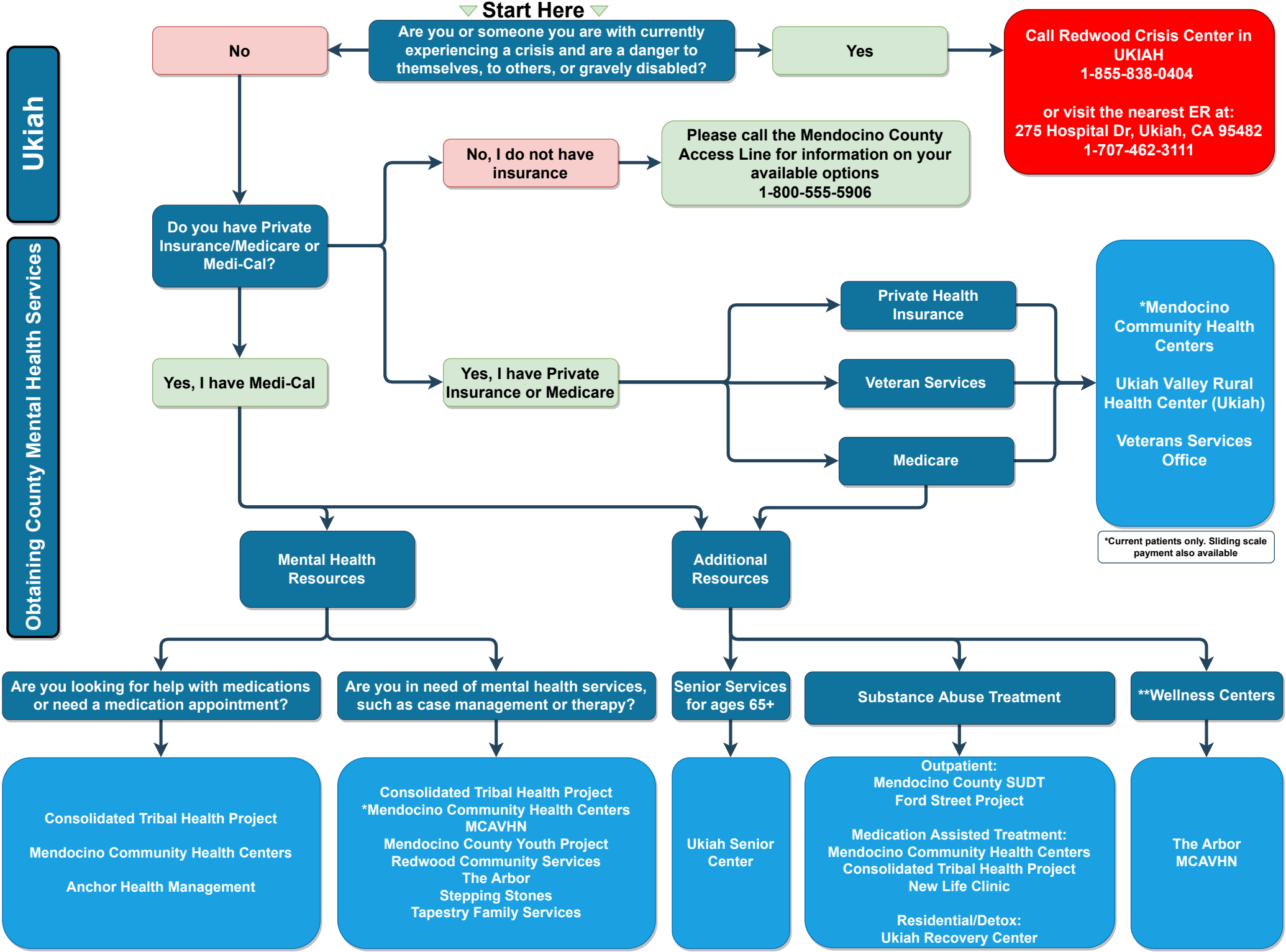
ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
MHB	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			\$0.00				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000229	9/1/2022	76.25	8/23/2022	4362485	Behinger, Flinda	Local 8/23/22 FY22/23
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000930	9/22/2022	42.28	12/16/21-6/24/22	4363621	Towle Richard	Local FY22/23
		TRNSPRTATION & TRAVEL Total			\$118.53				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$118.53				

Summary of Budget for FY 22/23

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	0.00	1,000.00
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	0.00	500.00
862190	Publ & Legal Notices	0.00	0.00	0.00
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	3,000.00	118.53	2,881.47
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	\$7,130.00	\$118.53	\$7,011.47

Ukiah

Obtaining County Mental Health Services



**A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

Mendocino County Youth Project

776 South State Street #107
 Ukiah, CA 95482
 1-707-456-9600

Redwood Community Services

631 S. Orchard Avenue
 Ukiah, CA 95482
 1-707-467-2010

The Arbor Youth Resource Center

810 North State Street
 Ukiah, CA 95482
 1-707-462-7267

Stepping Stones

140 Gibson Street
 Ukiah, CA 95482
 1-707-468-5536

Tapestry Family Services

290 East Gobbi Street
 Ukiah, CA 95482
 1-707-463-3300

Ukiah Senior Center

497 Leslie Street
 Ukiah, CA 95482
 1-707-462-4343

Ukiah Valley Rural Health Center

260 Hospital Drive
 Ukiah, CA 95482
 1-707-463-8000

Veteran Services Office

405 Observatory Avenue
 Ukiah, CA 95482
 1-707-463-4226

Ukiah Recovery Center

139 Ford Street
 Ukiah, CA 95482
 1-707-462-6290

Anchor Health Management

350 East Gobbi Street
 Ukiah, CA 95482
 1-707-472-0350

**Mendocino County
 Substance Use Disorders Treatment**

1120 South Dora Street
 Ukiah, CA 95482
 1-707-472-2637

Consolidated Tribal Health Project

6991 North State Street
 Redwood Valley, CA 95470
 1-707-485-5115

MCAVHN

148 Clara Avenue
 Ukiah, CA 95482
 1-707-462-1932

New Life Clinic

280 East Standley Street
 Ukiah, CA 95482
 1-707-466-0001

Mendocino Community Health Centers:**Little Lake Health Center**

45 Hazel Street
 Willits, CA 95490
 1-707-456-9600

Dora Street Health Center

1165 S. Dora Street
 Ukiah, CA 95482
 1-707-468-1015

Hillside Health Center

333 Laws Avenue
 Ukiah, CA 95482
 1-707-468-1010

**Obtaining Mental
 Health Services in
 Mendocino County**

Ukiah



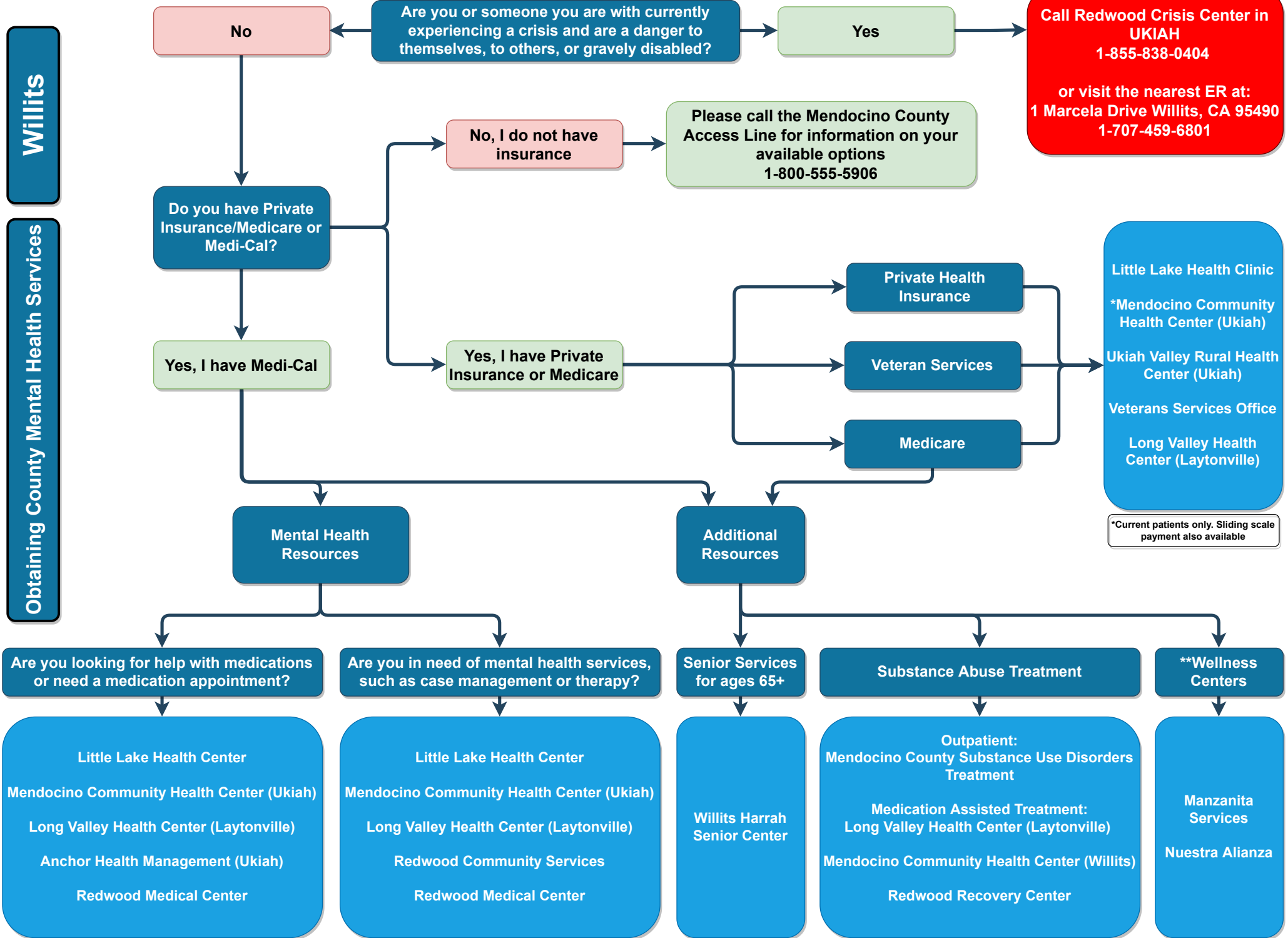
**Mental Health Crisis Line:
 1-855-838-0404**

**Mental Health Access Line:
 1-800-555-5906**

Willits

Obtaining County Mental Health Services

▼ **Start Here** ▼



*Current patients only. Sliding scale payment also available

**A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

**Mendocino County
Substance Use Disorders Treatment**

472 E. Valley Street
Willits, CA 95490
1-707-456-3850

Nuestra Alianza de Willits

291 School Street #1
Willits, CA 95490
1-707-456-9418

Willits Harrah Senior Center

1501 Baechtel Road
Willits, CA 95490
1-707-459-6826

Long Valley Health Center

50 Branscomb Road
Laytonville, CA 95454
1-707-984-6131

Mendocino Community Health Centers:

Little Lake Health Center

45 Hazel Street
Willits, CA 95490
1-707-456-9600

Dora Street Health Center

1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

Hillside Health Center

333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

**Mendocino County
Veterans Services**

189 North Main Street
Willits, CA 95490
1-707-456-3792

Redwood Medical Center

1 Marcela Drive, Suite C
Willits, CA 95490
1-833-249-3556

Redwood Community Services

631 S. Orchard Avenue
Ukiah, CA 95482
1-707-467-2010

Anchor Health Management

350 E. Gobbi Street
Ukiah, CA 95482
1-707-472-0350

Redwood Medical Clinic

3 Marcela Drive, Suite C
Willits, CA 95490
1-707-459-6801

Community Resources:

National Alliance on Mental Illness (NAMI)

P.O. Box 1945
Ukiah, CA 95482
1-707-391-6867

Redwood Coast Regional Center

270 Chestnut Street
Fort Bragg, CA 95437
1-707-964-6387

**Obtaining Mental
Health Services in
Mendocino
County**

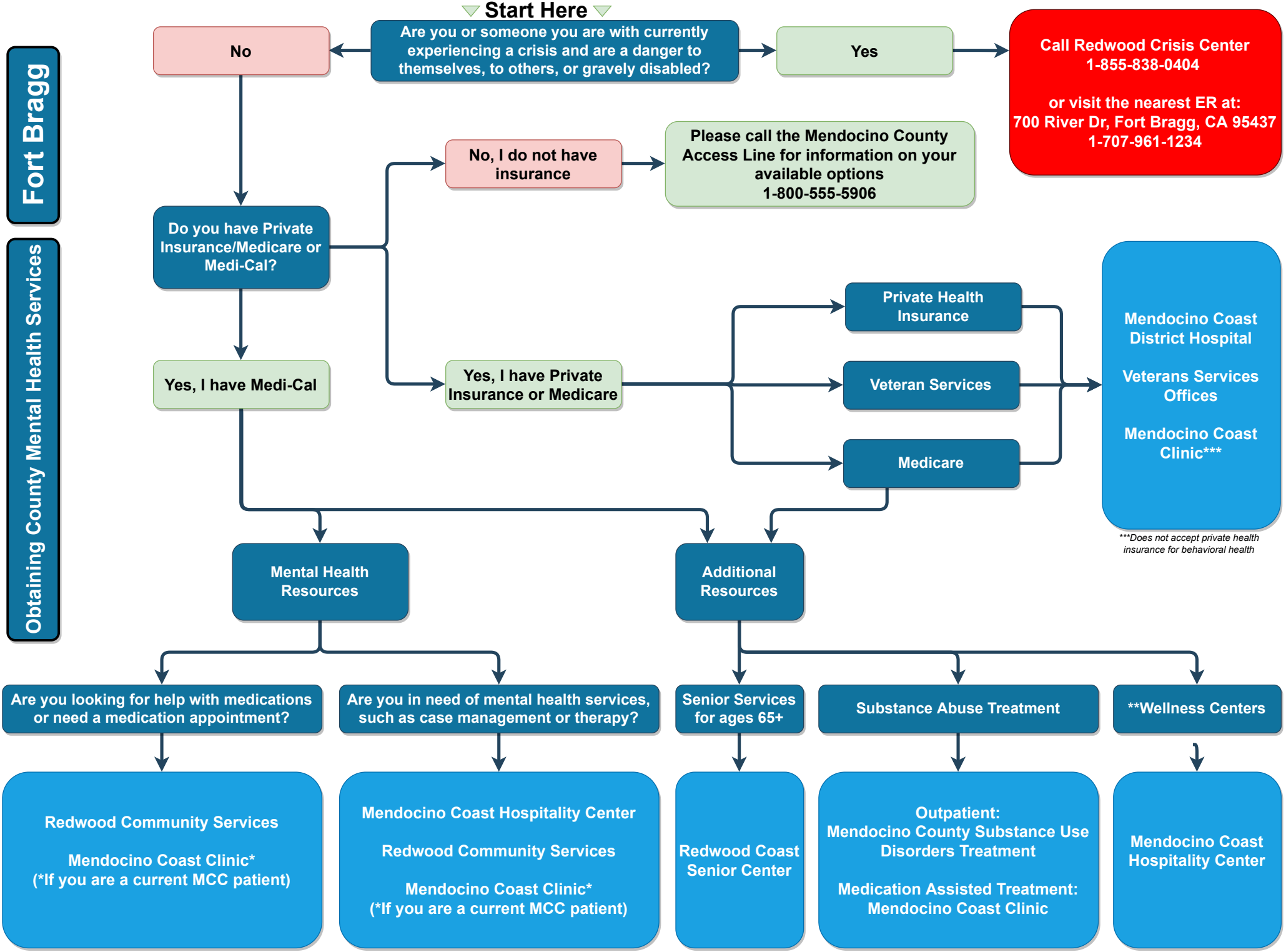
Willits



**Mental Health Crisis Line:
1-855-838-0404**

**Mental Health Access Line:
1-800-555-5906**

Fort Bragg
Obtaining County Mental Health Services



***Does not accept private health insurance for behavioral health

**A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

Mendocino Coast Clinic
205 South Street
Fort Bragg, CA 95437
1-707-964-1251

Redwood Coast Senior Center
490 North Harold Street
Fort Bragg, CA 95437
1-707-964-0443

**Obtaining Mental
Health Services in
Mendocino County**

Mendocino Coast District Hospital
700 River Drive
Fort Bragg, CA 95437
1-707-961-1234

Mendocino County SUDT
790 South Franklin Street
Fort Bragg, CA 95437
1-707-961-2665

Redwood Community Services
143 West Spruce Street
Fort Bragg, CA 95437
1-707-964-4770

Mendocino County Veterans Services
360 North Harrison Street
Fort Bragg, CA 95437
1-707-964-5823

**Fort
Bragg**

Mendocino Coast Hospitality Center
101 North Franklin Street
Fort Bragg, CA 95437
1-707-961-0172

Community Resources:

Mendocino Community Health Centers:

Little Lake Health Center
45 Hazel Street
Willits, CA 95490
1-707-456-9600

National Alliance on Mental Illness (NAMI)
P.O. Box 1945
Ukiah, CA 95482
1-707-391-6867



Dora Street Health Center
1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

Parents and Friends Inc.
306 East Redwood Avenue
Fort Bragg, CA 95437
1-707-964-4940

Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

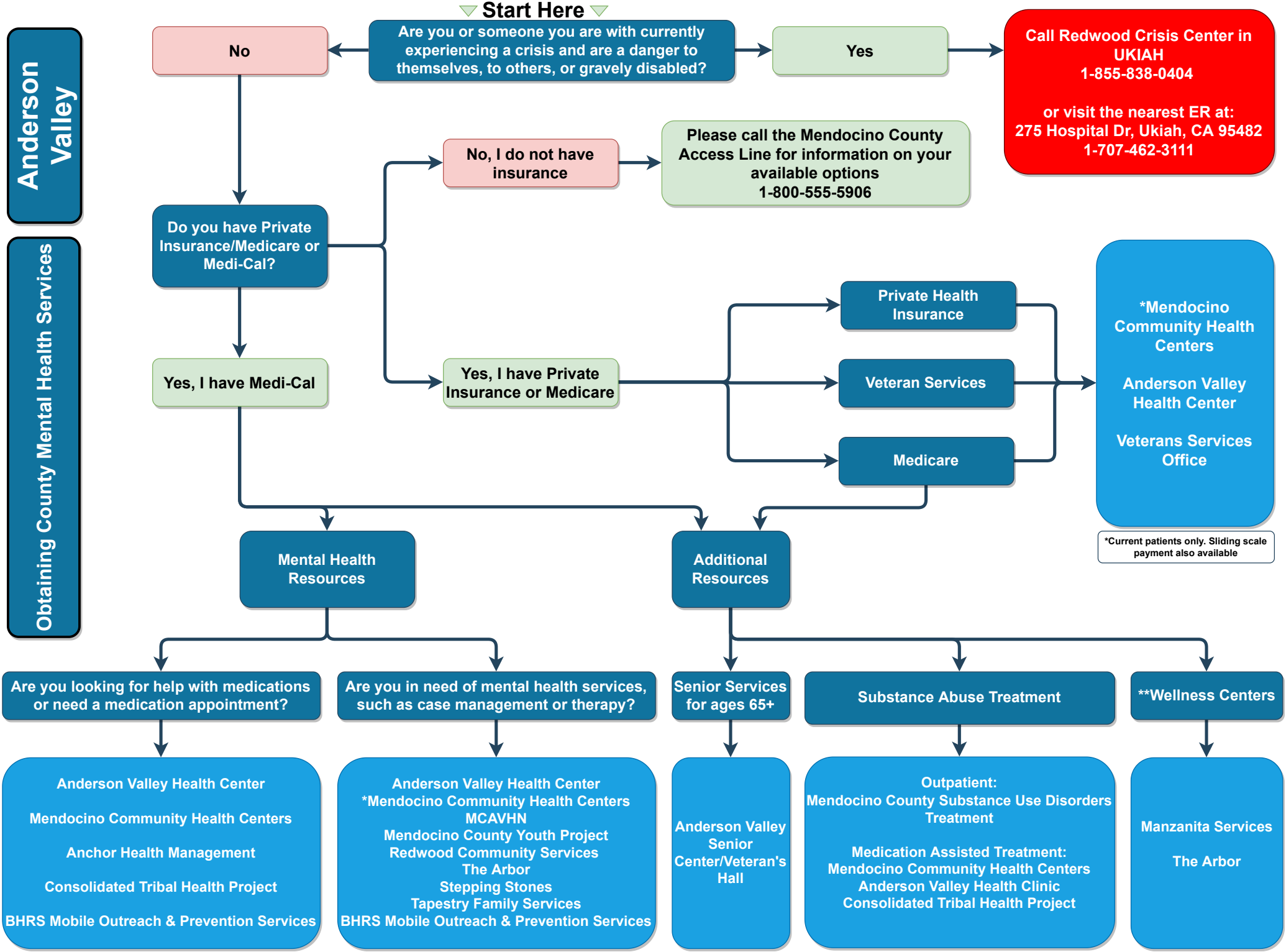
Redwood Coast Regional Center
270 Chestnut Street
Fort Bragg, CA 95437
1-707-964-6387

**Mental Health Crisis Line:
1-855-838-0404**

**Mental Health Access Line:
1-800-555-5906**

Anderson Valley

Obtaining County Mental Health Services



****A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.**

Anderson Valley Health Center
13500 Airport Rd
Boonville, CA 95415
1-707-895-3477

Anchor Health Management
350 East Gobbi Street
Ukiah, CA 95482
1-707-472-0350

**Mendocino County
Substance Use Disorders Treatment**
1120 South Dora Street
Ukiah, CA 95482
1-707-472-2637

Consolidated Tribal Health Project
6991 North State Street
Redwood Valley, CA 95470
1-707-485-5115

MCAVHN
148 Clara Avenue
Ukiah, CA 95482
1-707-462-1932

Mendocino Community Health Centers:

Dora Street Health Center
1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

Mendocino County Youth Project
776 South State Street #107
Ukiah, CA 95482
1-707-456-3792

Redwood Community Services
631 S. Orchard Avenue
Ukiah, CA 95482
1-707-467-2010

The Arbor Youth Resource Center
810 North State Street
Ukiah, CA 95482
1-707-462-7267

Stepping Stones
140 Gibson Street
Ukiah, CA 95482
1-707-468-5536

Tapestry Family Services
290 East Gobbi Street
Ukiah, CA 95482
1-707-463-3300

Ukiah Valley Rural Health Center
260 Hospital Drive
Ukiah, CA 95482
1-707-463-8000

Veteran Services Office
405 Observatory Avenue
Ukiah, CA 95482
1-707-463-4226

Anderson Valley Senior Center/Veteran's Hall
14400 CA-128
Boonville, CA 95415
1-707-895-3609

**Obtaining Mental
Health Services in
Mendocino County**

**Anderson
Valley**



**Mental Health Crisis Line:
1-855-838-0404**

**Mental Health Access Line:
1-800-555-5906**



California Department of Health Care Services Behavioral Health Continuum Infrastructure Program Round 5: Crisis and Behavioral Health Continuum Program Update

The California Department of Health Care Services (DHCS) launched the Behavioral Health Continuum Infrastructure Program (BHCIP) to address historic gaps in the behavioral health and long-term care continuum and meet the growing demand for services and support across the life span of vulnerable individuals in need. **The following information is provided as a supplement to the upcoming release of the Request for Applications (RFA) for BHCIP Round 5: Crisis and Behavioral Health Continuum.**

State priorities for BHCIP:

- Invest in behavioral health and community care options that advance racial equity;
- Seek geographic equity of behavioral health and community care options;
- Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth;
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization;
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement;
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy;
- Leverage county and Medi-Cal investments to support ongoing sustainability; and
- Leverage the historic state investments in housing and homelessness.

Overview

With the need for mental health and substance use disorder services increasing, crisis care gaps in California's behavioral health continuum are more evident and growing. Adults with serious mental illness (SMI) and youth with serious emotional disturbance (SED) often end up in emergency departments, hospitalized, or abandoned in the criminal justice system, and others receive no care. At the same time, the growing opioid crisis, the transition to the 988 Crisis and Suicide Lifeline, and the introduction of new efforts to address the unmet needs of highly vulnerable individuals through the Community Assistance, Recovery, and Empowerment (CARE) Act add to the urgency to increase crisis and behavioral health facility capacity.

According to the statewide needs assessment conducted in 2021, “[Assessing the Continuum of Care for Behavioral Health Services in California](#),” acute inpatient beds are occupied for an average of one to two weeks, while one person often occupies a subacute facility bed for several months. The needs assessment stated that short-term residential crisis facilities, with stays of three to seven days, could “provide crisis relief, resolution and intensive supportive resources for adults who need temporary 24/7 support . . . includ[ing] medication management (including the use of previously initiated [medications for addiction treatment (MAT)]), observation and care coordination in a supervised environment.”ⁱ Moreover, the gaps identified within the crisis continuum—many of which are being addressed by other BHCIP funding rounds—are among the highest-priority challenges and opportunities. The needs assessment also highlights a shortage of crisis stabilization unit (CSU) beds:

- Sixteen of 33 counties, only 48 percent, have sufficient CSU capacity;
- Twenty-five counties, both sparsely and densely populated, reported no CSU bed capacity;
- Some areas of the state have no CSU capacity and it often takes hours to transport individuals to the nearest CSU—as a result, these individuals are more likely to be transported to an emergency department or even jail; and
- Thirty-nine counties (67 percent of respondents) have insufficient CSU bed capacity—of those, 17 have some CSU capacity available.

Statewide, it is reported that there are only 2,600 licensed subacute mental health treatment beds; the number of substance use disorder (SUD) treatment facilities decreased by 13 percent between 2018 and 2020.ⁱⁱ The RAND Corporation’s “[Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021](#),” report, which assessed mental health facilities in California, identified an increase in the number of step-down beds as a means to alleviate the system’s restricted access. In anticipation of the 1.7 percent growth in the number of psychiatric beds needed in the next four years, the report indicates a gap of approximately 2,796 subacute beds, resulting in the inappropriate placement of individuals in the continuum of care. BHCIP Round 5: Crisis and Behavioral Health Continuum will provide much-needed funding for expanding facility capacity for crisis and behavioral health services to vulnerable Californians, including those receiving Medi-Cal.

Behavioral Health Continuum Infrastructure Program

DHCS was authorized through 2021 [legislation](#) to establish BHCIP and award \$2.1 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS is releasing these funds through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure. This is the fifth BHCIP funding round, and through it, DHCS will award \$480 million for behavioral health infrastructure projects focusing on crisis services and related behavioral health needs. Awarded grant funds for BHCIP Round 5: Crisis and Behavioral Health Continuum must be fully expended by June 2027.

Four BHCIP rounds were released in 2021 and 2022:

- Round 1: Mobile Crisis, \$205M (\$55M Substance Abuse and Mental Health Services Administration grant funding)
- Round 2: County and Tribal Planning Grants, \$16M
- Round 3: Launch Ready, \$518.5M



- Round 4: Children and Youth, \$480.5M

The remaining BHCIP rounds will be released in late 2022 and 2023:

- Round 5: Crisis and Behavioral Health Continuum, \$480M (current round)
- Round 6: Outstanding Needs Remaining After Rounds 3 Through 5, \$480M

Technical Assistance

Advocates for Human Potential, Inc. (AHP), a consulting and research firm focused on improving health and human services systems, is serving as the administrative entity for BHCIP. AHP assists state and local organizations to implement and evaluate a wide range of services focusing on mental health treatment and recovery, SUD treatment and prevention, workforce development, homelessness, housing, and criminal justice.

By October 2022 and as part of the RFA process, AHP will provide pre-application consultations and technical assistance (TA) to individual Round 5: Crisis and Behavioral Health Continuum applicants. Specialized TA will be provided to counties, tribal entities, and nonprofit organizations. In addition, AHP will offer ongoing general training and TA for grantees throughout the life of the project. Applicants will submit a request for a pre-application consultation and complete a survey to indicate their understanding of the project requirements. The deadline to request a pre-application consultation will be three weeks before the application deadline.

TA will help applicants understand the minimum project requirements and budgeting practices. Minimum project requirements include a sustainable business plan, a conceptual site plan, architectural and engineering narratives, and an initial budget based on the site plan. Applicants will also be required to discuss how their proposed project meets local gaps identified in “Assessing the Continuum of Care for Behavioral Health Services in California” and addresses State priorities. An AHP implementation specialist will work with applicants to support them in these areas by connecting them with subject matter experts in real estate, facility financing, and programmatic best practices.

Upon release of the RFA for Round 5: Crisis and Behavioral Health Continuum and in conjunction with DHCS, AHP will conduct informational webinars on topics such as strategies to serve individuals within the crisis and/or behavioral health continuums, braiding resources to ensure viability, and green/sustainable building practices. Additional information on webinars related to the RFA will be available at <https://www.buildingcalhhs.com/>. This will include topics to help address concerns related to crisis continuum capital development projects.

Eligible Entities

Counties, cities, tribal entities (including 638s and urban clinics), nonprofit organizations, and for-profit organizations whose projects reflect the State’s priorities are eligible to apply for this funding, noting the following stipulations and specifications:

- Projects must make a commitment to serve Medi-Cal beneficiaries.
- For-profit organizations, including private real estate developers, with related prior development experience who are collaborating with nonprofit organizations, tribal entities, or counties may apply, but will be required to demonstrate a legal agreement (e.g., Memorandum



of Understanding [MOU]) with the county, tribe, city, for-profit organization, or nonprofit organization to confirm the organization’s role in the project, including that they are working on behalf of the service provider.

Eligibility Considerations

All applicants must demonstrate how their infrastructure project will expand community-based facility capacity exclusively for crisis and/or other behavioral health services in the continuum of care. Regional models or collaborative partnerships aimed at construction, renovation, and/or expansion of community-based services are encouraged to apply. Funding priority will be given to facilities that expand access to behavioral health services across the crisis continuum (see table for eligible facility types below).

All prospective applicants will be required to engage in a pre-application consultation that will provide an opportunity to discuss proposed projects, match requirements and potential sources of local match, statutory and regulatory requirements, how the project addresses local need/gaps and the State’s priorities, and other related considerations. AHP will provide these pre-application consultations in coordination with Community Development Financial Institutions (CDFIs) and real estate development experts.

For BHCIP Round 5: Crisis and Behavioral Health Continuum funding, three phases of project development will be considered during the evaluation of each application (see description of phases below). Applicants must be in one of the three phases, and applicants in later phases will be scored higher. All projects must meet the minimum threshold of project readiness to be awarded grant funds. Applicant projects are considered to be in a given phase of development only after they have met all the requirements in the previous phase. Required documentation will be reviewed with each applicant during the pre-application consultation process and must be submitted as part of the application.

To be eligible for BHCIP Round 5: Crisis and Behavioral Health Continuum funding, a project must demonstrate “project readiness.” The **minimum threshold requirements** for “project readiness” are as follows:

- Site control, defined as ownership, an executed Purchase and Sale Agreement (PSA), an executed Letter of Intent (LOI), or an executed Exclusive Negotiation Agreement (ENA);
- Sustainable business plan with 5-year projections of future objectives and strategies for achieving them;
- Conceptual site plan with a forecast of the developmental potential of the property;
- Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners;
- Demonstration of county and Medi-Cal investments to support ongoing sustainability;
- Match amount identified; and
- Initial budget, one for each phase, and a total budget for acquisition and construction.

Projects will be funded by phase as the applicant demonstrates successful completion of each phase (outlined below). Allowable costs include pre-construction activities identified in the development phases. Applicants must submit documentation demonstrating the completion of each phase in order to move ahead to the next phase.



- Phase 1: Planning and pre-development
 - Development team established; includes attorney, architect, and/or design-build team;
 - Site control, defined as ownership, an executed PSA, an executed LOI, or an executed ENA;
 - Basis of design; includes architectural and engineering narratives;
 - Property-specific site investigation report and due diligence; and
 - Budget with cost estimates based on site plan/drawings.

- Phase 2: Design development
 - Site control established with deed, PSA, option contract, LOI, or leasehold;
 - Site plan established with a schematic plan with architectural and engineering specifications;
 - Stakeholder support established as demonstrated by a letter from city/county/board of directors/tribal entity;
 - Able to gain building permits within six months of funding;
 - Able to close on land, after gaining building permits, within six months of funding; and
 - Able to start construction within six months of funding.

- Phase 3: Shovel ready
 - Ownership of real estate site;
 - Preliminary plan review completed, with comments received;
 - Construction drawings complete or near completion;
 - General contractor (builder) selected and ready for hire;
 - Ninety-five percent of construction drawings ready for submission for building permit;
 - Building permit issued; and
 - Able to start construction within 60 days or less.

- *Final Phase: Construction*
 Projects that rehabilitate or renovate an existing facility are allowable as long as they result in an expansion of behavioral health services for the target population. Furniture and equipment are not allowable costs.

Full funding of a proposed development project will be contingent on completion of all three phases of development planning. The planning and pre-development phase must be completed in 90 days. Construction documents need to be submitted for building permit review within six months of grant funding award.

Eligible Facility Types

The following facility types may be considered for project funding **only** if they are expanding crisis and/or behavioral health services.



Round 5: Crisis Continuum Eligible Facility Types

Acute Psychiatric Hospital
Adolescent Residential SUD Treatment Facility with a DHCS/American Society of Addiction Medicine (ASAM) Level of Care 3.5 Designation and Withdrawal Management (WM) Designation
Adult Residential SUD Treatment Facility with Incidental Medical Services (IMS) <u>and</u> DHCS/ASAM Level of Care 3.5 Designation only <u>or</u> with DHCS Level of Care 3.2 WM Designation only
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
Children’s Crisis Residential Program (CCRP)
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP) with the category of Short-Term Crisis Residential only
Crisis Stabilization Unit (CSU)
Mental Health Rehabilitation Center (MHRC) only with Lanterman-Petris-Short (LPS) Designation
Peer Crisis Respite
Psychiatric Health Facility (PHF)
Psychiatric Residential Treatment Facility (PRTF)*
Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)

* Any award funding for PRTFs would be contingent on the grantee complying with future regulations and/or policies.

Round 5: Behavioral Health Continuum Eligible Facility Types

Acute Inpatient Hospital—medical detoxification/withdrawal management (medically managed inpatient detoxification/withdrawal management facility)
Acute Psychiatric Inpatient Facility
Adolescent Residential SUD Treatment Facility
Adult Residential SUD Treatment Facility
Chemical Dependency Recovery Hospital
Community Treatment Facility (CTF)
Community Wellness Center
General Acute Care Hospital (GACH) and Acute Care Hospital (ACH)
Hospital-based Outpatient Treatment (outpatient detoxification/withdrawal management)
Intensive Outpatient Treatment
Mental Health Rehabilitation Center (MHRC)
Narcotic Treatment Program (NTP)
NTP Medication Unit
Office-based Outpatient Treatment
Peer Respite
Short-term Residential Therapeutic Program (STRTP)
Skilled Nursing Facility with Special Treatment Program (SNF/STP)
Social Rehabilitation Facility (SRF) with Transitional or Long-Term Social Rehabilitation Program (SRP)

For purposes of this funding, a Behavioral Health Urgent Care (BHUC) facility, also known as Mental Health Urgent Care (MHUC), is a walk-in center with voluntary stabilization-oriented services specific to individuals experiencing behavioral health or mental health crisis for less than 24 hours. This community-based option is typically designed to provide an alternative to emergency department visits for urgent medical needs. BHUC/MHUCs must focus on serving individuals in need of crisis services, commit to serving Medi-Cal beneficiaries, and offer some or all of the following:



- Multi-disciplinary health assessment;
- Psychiatric evaluation, diagnosis, and treatment;
- Crisis stabilization and intervention, mental health counseling, and medication evaluation;
- Direct referrals for treatment;
- Linkage to community-based solutions; and/or
- Peer support.

Facility types that are not eligible for funding:

- Correctional settings; and
- Schools.

Applicants will be expected to define the types of facilities they will operate and explain how they will expand service capacity exclusively for community-based and crisis and/or behavioral health facilities. Regional models and collaborative partnerships are strongly encouraged to apply. Consideration will be given to entities that propose facilities with new or expanded service capacity in underserved counties and regions based on the needs assessment.

All applicants must describe the local needs based on “Assessing the Continuum of Care for Behavioral Health Services in California” report and any local needs assessment used to justify the proposed expansion. All applicants will be required to demonstrate how the proposed project will advance racial equity. Projects will be required to certify that they will not exclude certain populations, such as those who are justice-involved or children and youth in foster care. BHCIP Round 5: Crisis and Behavioral Health Continuum grantees with behavioral health facilities that offer Medi-Cal behavioral health services will be expected to have a contract in place with their county to ensure the provision of Medi-Cal services once the funded facility’s expansion or construction is complete.

Funding Parameters and Use Restrictions

Applicants will be expected to develop a competitive and reasonably priced development budget that will be scored alongside applications for projects of similar setting types and sizes. In addition, scoring will take into consideration a focus on the State’s priorities, including efforts to advance racial equity and to expand services in regions and counties that currently do not have an adequate number of treatment options for crisis and/or behavioral health facilities. Funding priority will be given to facilities that expand access to behavioral health services across the crisis continuum. For proposed facilities that are not providing crisis services, applications will need to demonstrate how they are providing step-down services and/or transition of care out of acute crisis care or stabilization services.

AHP and its subcontractors will conduct a financial viability assessment, considering continued fluctuations in construction and other costs. Through various TA activities, such as the RFA pre-application consultation, interviews, and financial document review, the State will assess long-term operational sustainability once the capital project is complete and in use for its intended purpose.

Applicants will be required to commit to a provision of services and building use restriction for the entire 30-year period.



Match

Match guidelines will be set according to applicant type.

- Tribal entities = 5 percent match.
- Counties, cities, and nonprofit providers = 10 percent match.
- For-profit providers and/or private organizations = 25 percent match.

Match in the form of cash and in-kind contributions—such as land or existing structures—to the real costs of the project will be allowed. The State must approve the match source. Cash may come from:

- [American Rescue Plan Act \(ARPA\)](#) funds granted to counties and cities;
- Local funding;
- [Mental Health Services Act \(MHSA\)](#) funds in the 3-year plan (considered “other local”);
- Foundation/philanthropic support;
- [Opioid settlement funds](#) for SUD facilities;
- Loans or investments;
- Incentive payments from managed care plans; or
- Another source.

Services, Behavioral Health Subaccount funding, and State general funds will **not** be allowed as match.

Funding Regions

Regional funding caps will be established and the amounts available per region will be determined based on the Behavioral Health Subaccount.

In addition, 20 percent of funds available for BHCIP will be set aside for use in regions at the State’s discretion to ensure funding is effectively aligned with need. (For instance, this reserve money may be used to fund high-scoring projects in oversubscribed regions.) Another five percent of funds will be set aside for tribal entities.

Following an initial round of funding allocations (timeframes to be determined by DHCS), DHCS will conduct periodic reviews of the number of completed applications from each region. Any unspent funds may be considered for viable applications falling outside of the initial allocation priority schedules, geographical divisions, or other initial fund allocation restrictions.

ⁱ Manatt Health. (2022). *Assessing the continuum of care for behavioral health services in California: Data, stakeholder perspectives, and implications*. State of California Department of Health Care Services. <https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf>, p. 89.

ⁱⁱ Budget Change Proposal 4260-175-BCP-2021-A1; 4260-195-ECP-2021-A1 (2021, April 1). State of California Department of Finance. https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG4260_BCP4562.pdf





Behavioral Health and Recovery Services
Jenine Miller, Psy.D., Director of Behavioral Health
Providing Mental Health and Substance Use Disorders Treatment Services



January 25, 2023

Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications -
SUPPORT

Dear Application Review Committee,

I am writing to express the strong support of the Behavioral Health Advisory Board for Mendocino County's BHCIP Round 5: Crisis and Behavioral Health Continuum (BHCIP) application which would provide funding to complete our project to develop a Psychiatric Health Facility (PHF) in Mendocino County.

Specifically, this application if awarded, would enable us to proceed to develop a 16-bed Psychiatric Health Facility that meets Medi-Cal standards for reimbursement at a pre-determined site in Mendocino County.

The gaps that we are proposing to fill with funds from the BHCIP award are the high utilization of inpatient hospitalization out-of-county, and long wait times in the Emergency Department (ED). We plan to address these gaps by establishing sixteen (16) beds for acute mental health crisis placements by adding a PHF. The PHF will provide additional movement throughout the Crisis Continuum of Care in our county by providing treatment for individuals in mental health crisis with intensive treatment and stabilization. In addition, wait times in the ED will be reduced with an in county PHF.

The Behavioral Health Board is an advisory body to the Board of Supervisors and the Behavioral Health & Recovery Services Director on matters concerning mental health in the county. The Behavioral Health Board is mandated by state law and consists of 15 board member positions and one County Supervisor. Our mission is to be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.

We thank for your excellent work and efforts on behalf of much-needed funding for crisis and behavioral health infrastructure to serve vulnerable Californians of all ages. Please feel free to contact me with any questions or concerns you may have.

Sincerely,

Michelle Rich, Chair,
Behavioral Health Advisory Board, Mendocino County